



TRICARE
MANAGEMENT ACTIVITY

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS**

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PDR

**CHANGE NO. 110
OCHAMPUS 6010.49-M
March 13, 1998**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
OPERATIONS MANUAL**

**THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS
MANUAL 6010.49-M, REISSUED JULY 1992:**

PAGE CHANGE(S): **PART ONE:** Chapters 1 and 3
 PART TWO: Chapters 1, 5, 6, 8, 19 and 24
 PART THREE: Chapters 1, 3, 4 and 7

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SUMMARY OF CHANGE(S): THIS CHANGE REVISES THE APPEALS AND HEARINGS CHAPTER.
THIS CHANGE IS ISSUED ALONE WITH NO OTHER MANUAL CHANGES.

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

Sheila H. Sparkman
Director, Program Development and Evaluation

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control number (ICN) by state or contract number within five (5) calendar days after they are processed to completion. The claim and all supporting documents shall be maintained in hard copy, microcopy or optical disk. Provisions shall be made for appropriate retention and disposition of files in accordance with the Federal Records Act and *TRICARE Management Activity (TMA)* instructions. (See OPM Part One, Chapter 2)

3. Availability of Information

Information required for appropriate response to inquiries, including but not limited to claim files, appeals files, previous correspondence, and check files shall be retrievable within five (5) workdays following a request for the information.

4. Contract Changes

The contractor shall provide a complete reply to TMA requests for comments and/or cost estimates on all proposed changes, to include changes to the Operations Manual, the Policy Manual, and/or the ADP Manual, within thirty (30) calendar days following receipt of the request, unless a different period of time is provided by TMA in the transmitting correspondence from the Contracting Officer.

E. Beneficiary and Provider Services

For all processing standards, the actual date of receipt shall be counted as the first day. The date the reply is mailed shall be counted as the processed to completion date. The standards with which the contractor shall comply include:

1. Routine Written Inquiries

- a. All routine written inquiries shall be stamped with the actual date of receipt within three (3) workdays of receipt in the contractor's custody.
- b. Provide final responses to eighty-five (85) percent of all routine written inquiries within fifteen (15) calendar days of receipt.
- c. Provide final responses to ninety-seven (97) percent of routine written inquiries within thirty (30) calendar days of receipt.
- d. Provide final responses to all routine written inquiries within forty-five (45) calendar days of receipt.

2. Priority Written Inquiries (Congressional, ASD(HA), and TMA)

- a. All priority written inquiries shall be stamped with the actual date of receipt within three (3) workdays of receipt in the contractor's custody.
- b. Provide final response to eighty-five (85) percent of all priority written inquiries within ten (10) calendar days of receipt.
- c. Provide final response to all priority written inquiries within thirty (30) calendar days of receipt.

3. Telephone Inquiries

a. Eighty percent (80%) of all telephone calls shall be acknowledged within twenty (20) seconds by an individual or electronic device.

b. Ninety percent (90%) of all calls shall be answered by a telephone representative or automated response unit (ARU) within 120 seconds after acknowledgment by automated equipment.

c. Eighty percent (80%) of all telephone inquiries shall be fully and completely answered during the initial telephone call.

d. All telephone calls which do not receive a full and complete response during the initial call shall receive a substantive follow-up call within two (2) workdays.

e. Ninety-five percent (95%) of all telephone inquiries not fully and completely answered at this time shall be fully and completely answered within ten (10) calendar days and one hundred percent (100%) shall be fully and completely answered within twenty (20) calendar days.

F. Appeals

1. Expedited Preadmission/Preprocedure Reconsiderations

The contractor shall process one hundred percent (100%) of requests for expedited preadmission/preprocedure reconsiderations to completion within three (3) working days of receipt of the reconsideration request (unless the reconsideration is rescheduled at the written request of the appealing party). Expedited preadmission/preprocedure requests are those requests filed by the beneficiary within three (3) calendar days after the date of the initial denial determination.

2. Concurrent Review Cases

The contractor does not issue reconsideration determinations in concurrent review cases. Refer to OPM Part Three, Chapter 7, Section IV.B.6.b., for contractor requirements relating to concurrent review reconsideration requests.

3. Nonexpedited Reconsiderations

The contractor shall process ninety five percent (95%) of nonexpedited reconsiderations within thirty (30) calendar days of receipt, ninety eight percent (98%) of nonexpedited reconsiderations within sixty (60) days, and one hundred percent (100%) of reconsiderations (including factual determinations) to completion within ninety (90) calendar days from the date of receipt of the reconsideration request (unless the reconsideration is rescheduled at the request of the appealing party).

G. Grievances

1. All written grievances shall be stamped with the actual date of receipt within three (3) workdays of receipt in the contractor's custody.

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2. The contractor must provide interim written response by the thirtieth (30th) calendar day after receipt for all grievances not processed to completion by that date. The interim response shall include an explanation for the delay and an estimated date of completion.

3. Ninety-five percent (95%) of all grievances shall be processed to completion within sixty (60) calendar days from the date of receipt.

H. Authorization Requests

1. The contractor is responsible for reviewing all requests for authorization. Such requests shall be accepted when submitted by TRICARE beneficiaries, sponsors or providers requesting authorization on the beneficiary's behalf. Within TRICARE Standard, issuance of authorizations shall not be used to restrict freedom of choice of the beneficiary who chooses to receive care from authorized out-of-system providers, except as may be set forth in instructions from the Contracting Officer. If a beneficiary is enrolled in the Prime Program, appropriate authorizations to manage access to care may exceed those applicable under TRICARE Standard, provided the specific control has been approved by the Contracting Officer.

2. All authorization determinations shall be issued in writing. A negative determination shall include the right to file an appeal for both Prime enrollees and non-enrollees. In eighty-five percent (85%) of all requests for medical care authorization, the contractor shall review and make a determination on whether or not to cover care within two (2) workdays following the receipt of a request for authorization.

3. The contractor shall provide a determination on one-hundred percent (100%) of all medical authorization requests within ten (10) workdays following receipt of the request for authorization.

4. In ninety percent (90%) of all requests for mental health authorizations, the contractor shall review and make a determination on whether or not to cover care within one (1) workday following the receipt of a request for authorization.

5. In one hundred percent (100%) of all requests for mental health authorization, the contractor shall review and make a determination on whether or not to cover care within five (5) workdays following the receipt of a request for authorization.

I. Potential Duplicate Claim Resolution

1. The MCS Contractor shall utilize the automated TRICARE Duplicate Claims System (Duplicate Claims System) to resolve TMA identified potential duplicate claims payments (see ADP Manual, Chapter 12).

2. The MCS Contractor shall move OPEN status potential duplicate claim sets to PENDING, VALIDATE, or CLOSED status on a first-in/first-out basis. To this end, MCS Contractor performance will be measured against the percentage of claim sets in OPEN status at the end of a month with load dates over 30 days old. No more than ten percent (10%) of the potential duplicate claim sets remaining in OPEN status at the end of a month shall have load dates over 30 days old. MCS Contractor compliance with this standard shall be determined from the Performance Standard Report generated by the Duplicate Claims System (see ADP Manual, Chapter 12, Addendum E Summary/

Management Report entitled "Performance Standards" (page 12.E-53), for a description and example of the performance Standard Report). The ten percent (10%) standard becomes effective on the first day of the seventh month following the start of Health Care Delivery or following system installation whichever is later.

3. The MCS Contractor shall not be responsible for meeting the performance standard during any month in which availability of the DCS is prevented for two (2) working days due to failure of any system component for which the Government is responsible.

4. All overpayment recovery, refund, offset collection and adjustment requirements, including timeliness standards, are applicable to the operation of the Duplicate Claims System.

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